

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Quail Oil & Gas, LC
Well Name	SLY 1-6
Doc ID	1315798

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	2070' - 2080'	379 bbls 20# Gel w/ 16,931# sand	2070' - 80'



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Sly 1-6

TIME ON: 23:16 July 22
TIME OFF: 06:00 July 23

Company Quail Oil & Gas LLC Lease & Well No. Sly 1-6
Contractor WW Drilling Rig 4 Charge to Quail Oil & Gas LLC
Elevation 1399 Sur Formation _____ Miss Effective Pay _____ Ft. Ticket No. RR229
Date July-22-2016 Sec. 6 Twp. _____ 17 S Range _____ 6 E W County _____ Morris State KANSAS
Test Approved By David Barker Diamond Representative _____ Ricky Ray

Formation Test No. 1 Interval Tested from 2052 ft. to 2057 ft. Total Depth 2107 ft.
Packer Depth 2052 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 2057 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 2045 ft. Recorder Number _____ 0062 Cap. _____ 5000 P.S.I.
Bottom Recorder Depth (Outside) 2058 ft. Recorder Number _____ 8471 Cap. _____ 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type Chem Viscosity 49 Drill Collar Length 120 ft. I.D. 2 1/4 in.
Weight 8.9 Water Loss 8.8 cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides 1800 P.P.M. Drill Pipe Length 1905 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 12 Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
Did Well Flow? na Reversed Out NA Anchor Length 50 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 xh in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WSB (Built to 3 1/2' in 30 mins) NOBB
2nd Open: WSB (Built to 2 1/2" in 60 mins) NOBB

Recovered 120 ft. of M 100% M
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: Tool Sample: <u>1% O</u> <u>99% M</u>	Insurance
	Total

Time Set Packer(s) 12:45 AM July 23 ^{A.M.}/_{P.M.} Time Started Off Bottom 4:30 AM July 23 ^{A.M.}/_{P.M.} Maximum Temperature 98

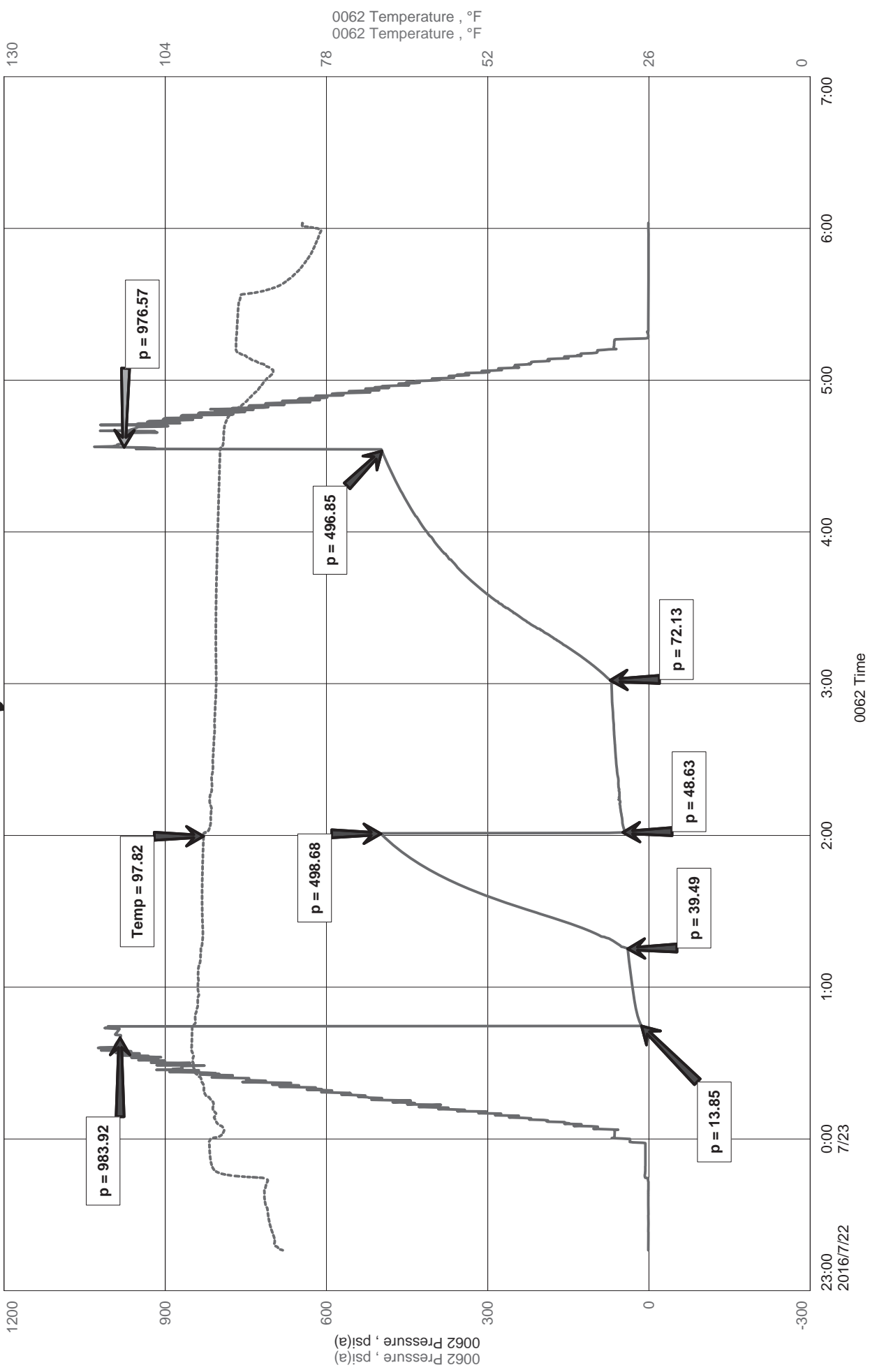
Initial Hydrostatic Pressure..... (A) 984 P.S.I.
Initial Flow Period..... Minutes 30 (B) 14 P.S.I. to (C) 39 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 499 P.S.I.
Final Flow Period..... Minutes 60 (E) 49 P.S.I. to (F) 72 P.S.I.
Final Closed In Period..... Minutes 90 (G) 497 P.S.I.
Final Hydrostatic Pressure..... (H) 978 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Quail Oil & Gas LLC
Dst 1 2057-2107 Mississippi
Start Test Date: 2016/07/22
Final Test Date: 2016/07/23

Sly 1-6
Formation: Dst 1 2057-2107 Mississippi
Pool: Wildcat
Job Number: RR229

Sly 1-6





Diamond Testing LLC
 P.O. Box 157
 HoisingtonKS 67544

Ricky Ray - Tester
 (620) 617-7261

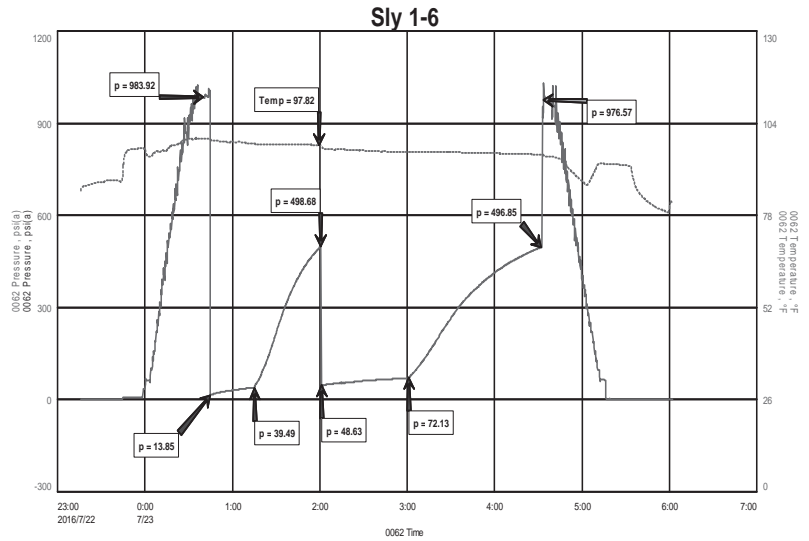
Wellsite Report

General Information

Company Name	Quail Oil & Gas LLC
Contact	Wray Valentine
Well Operator	Quail Oil & Gas LLC
Well Name	Sly 1-6
Surface Location	Sec: 6-17s-6 E (Morris County)
Field	Unknown
Well Type	Vertical
Pool	Wildcat
Test Purpose (AEUB)	Initial Test
Qualified By	
Gauge Name	0062

Test Information

Job Number	RR229
Test Type	Drill Stem Test
Well Fluid Type	01 Oil
Formation	Dst 1 2057-2107 Mississippi
Start Test Date	2016/07/22 YYYY/MM/DD
Start Test Time	23:16:00 HH:mm:ss
Final Test Date	2016/07/23 YYYY/MM/DD
Final Test Time	HH:mm:ss



Test Results

Recovery:

120' M 100% M

Tool Sample: 1% O 99% M

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. **2845**
 Foreman Kevin McCoy
 Camp EUREKA

API # 15-127-20596-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-20-16	1016	Sly # 1-6	6	17S	6E	MORRIS	KS
Customer <u>QUAIL OIL & GAS LC</u>			Safety Meeting KM DG SM	Unit # 105	Driver DAVE G.	Unit #	Driver
Mailing Address <u>525 INDUSTRIAL DR P.O. BOX K</u>				112	STEVE M.		
City <u>GARDEN CITY</u>	State <u>KS</u>	Zip Code <u>67846</u>					

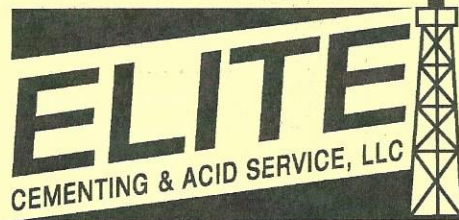
Job Type SURFACE Hole Depth 285' KB Slurry Vol. 39 BBL Tubing _____
 Casing Depth 284.80 KB Hole Size 12 1/4" Slurry Wt. 14.8 # Drill Pipe _____
 Casing Size & Wt. 8 5/8" 28 # Cement Left in Casing 20' Water Gal/SK 5.6 Other _____
 Displacement 17 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 5/8" casing. Break circulation w/ 10 BBL fresh water. Mixed 175 SKS 60/40 Pozmix Cement w/ 3% CaCl2, 2% Gel, 1/4" FIOSEAL/SK @ 14.8 #/gal yield 1.24 = 39 BBLs slurry. Displace w/ 17 BBL fresh water. Shut casing in. 2 BBL slurry to pit. Job complete. Rig down

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	840.00	840.00
C 107	60	Mileage	3.95	237.00
C 203	175 SKS	60/40 Pozmix Cement	12.75	2231.25
C 205	450 #	CaCl2 3%	.60 #	270.00
C 206	300 #	Gel 2%	.20 #	60.00
C 209	44 #	FIOSEAL 1/4" /SK	2.25 #	99.00
C 108	7.52 TONS	TON Mileage 60 miles	1.35	609.12
<u>THANK YOU</u>			Sub TOTAL	4346.37
			Less 5%	227.29
			Sales Tax 7.5%	199.52
Authorization <u>Daron Patten</u> Title _____			Total	4318.60

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **2868**
 Foreman Russell McCoy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
7-23-2016	1016	Sly # 1-6	6	17S	6 E	Morris	KS
Customer			Unit #	Driver		Unit #	Driver
Quail Oil + Gas LLC			105	A-B			
Mailing Address			113	Rick			
525 Industrial Dr P.O. Box K			145	ALAN-M			
City	State	Zip Code					
GARDEN CITY	KS	67846					

Job Type Longstring Hole Depth 2400' Slurry Vol. 42 Tubing _____
 Casing Depth 2392.79 Hole Size 7 7/8 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 14 # Cement Left in Casing 0 Water Gal/SK 9.0 Other _____
 Displacement 59 Bbl Displacement PSI 650 Bump Plug to 1200 BPM 5

Remarks: Safety Meeting + Job Procedure, Rig up to 5 1/2 casing, Break Circulation w/ 5 Bbl water mix + Pump 12 Bbl caustic preflush Pump 5 Bbl Fresh water spacer mix + Pump 135 SK's Thickset cement w/ 5 # Kolseal 1 # Phenoseal
ⓐ 13.7 w/ yield 1.75 = 43 Bbl Slurry shut down wash out Pump + knives
Release 5 1/2 hatch down Plug. Displace w/ 59 Bbl fresh water ⓐ 5 BPM
Final Pump PSI 650# Bump Plug to 1200# Check float, float held. GOOD
Circulation during cement job. Plug down 10:20 PM Job complete gear down
centralizers on # 7357911320 55 joints total
NOTE Plug Rathole w/ 10 SK's T.S cement = 15 SK's common slurry.
 THANK YOU
 Russell + crew

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1050.00	1050.00
C-107	60	Mileage	3.95	237.00
C-201	135	SK's Thickset cement	19.50	2632.50
C-207	675 #	Kolseal = 5 # per SK	.45	303.75
C-208	135 #	Phenoseal = 1 # per SK	1.25	168.75
C-217	100 #	CAUSTIC SODA (Pre Flush)	1.60	160.00
C-108	7 Ton	Ton mileage Bulk Truck 60 miles	1.35	567.00
C-661	1	5 1/2 AFU float shoe	294.00	294.00
C-421	1	5 1/2 Hatch Down Plug	230.00	230.00
	10	SK's cement Rathole	15.00	150.00
				5,793.00
			Sales Tax	

Authorization Dawn Patta Title _____ Total _____

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.